

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	—				
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
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50						
TOTAL IND.	4	—	—	—	—	—
TOTAL DEP.	26	—	—	—	—	—
TOTAL CLAIMS	24	—	—	—	—	—

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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99						
100						
TOTAL IND.		—	—	—	—	—
TOTAL DEP.		—	—	—	—	—
TOTAL CLAIMS		—	—	—	—	—

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS